

Fig. 1

100

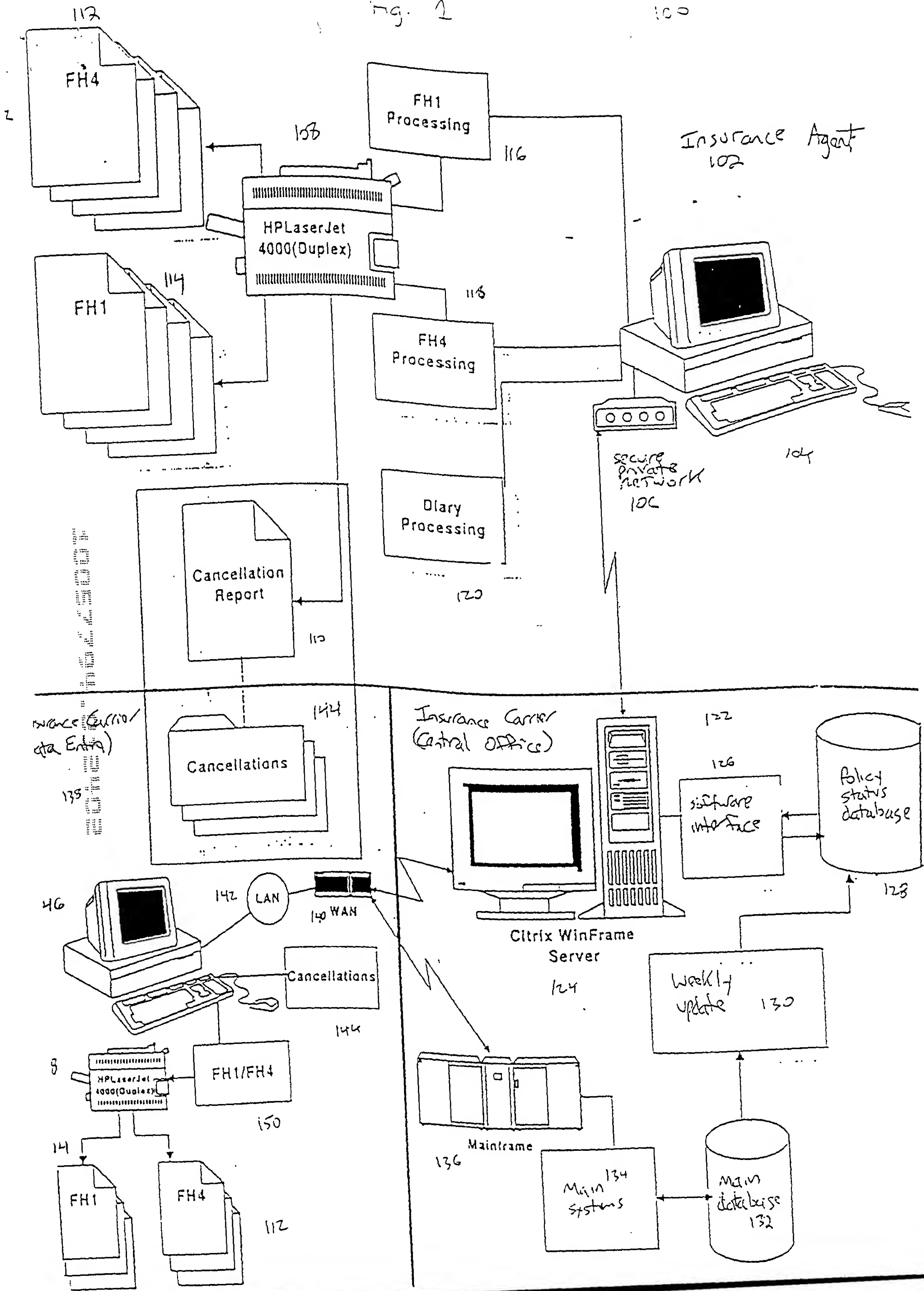


Fig. 2

200

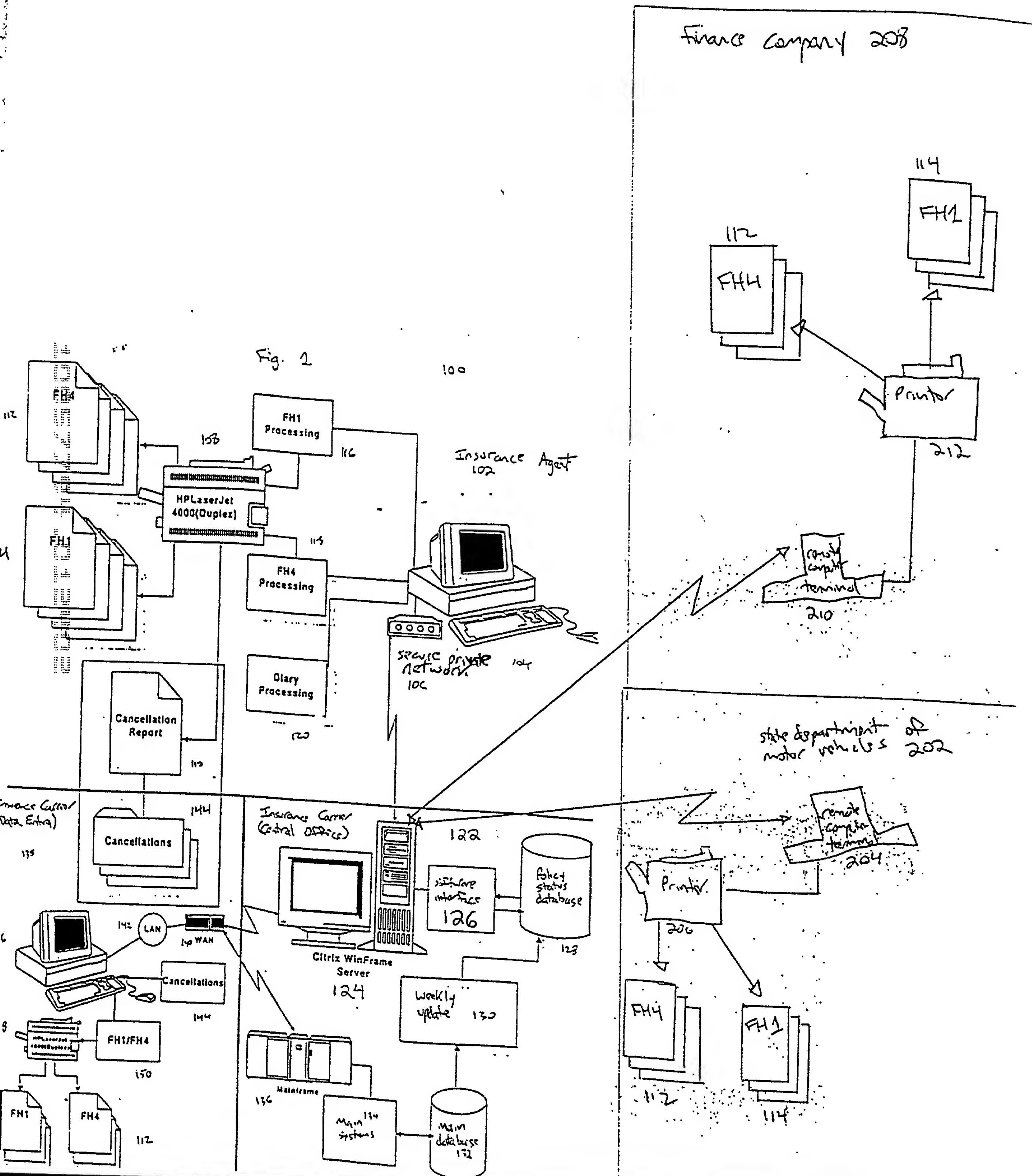
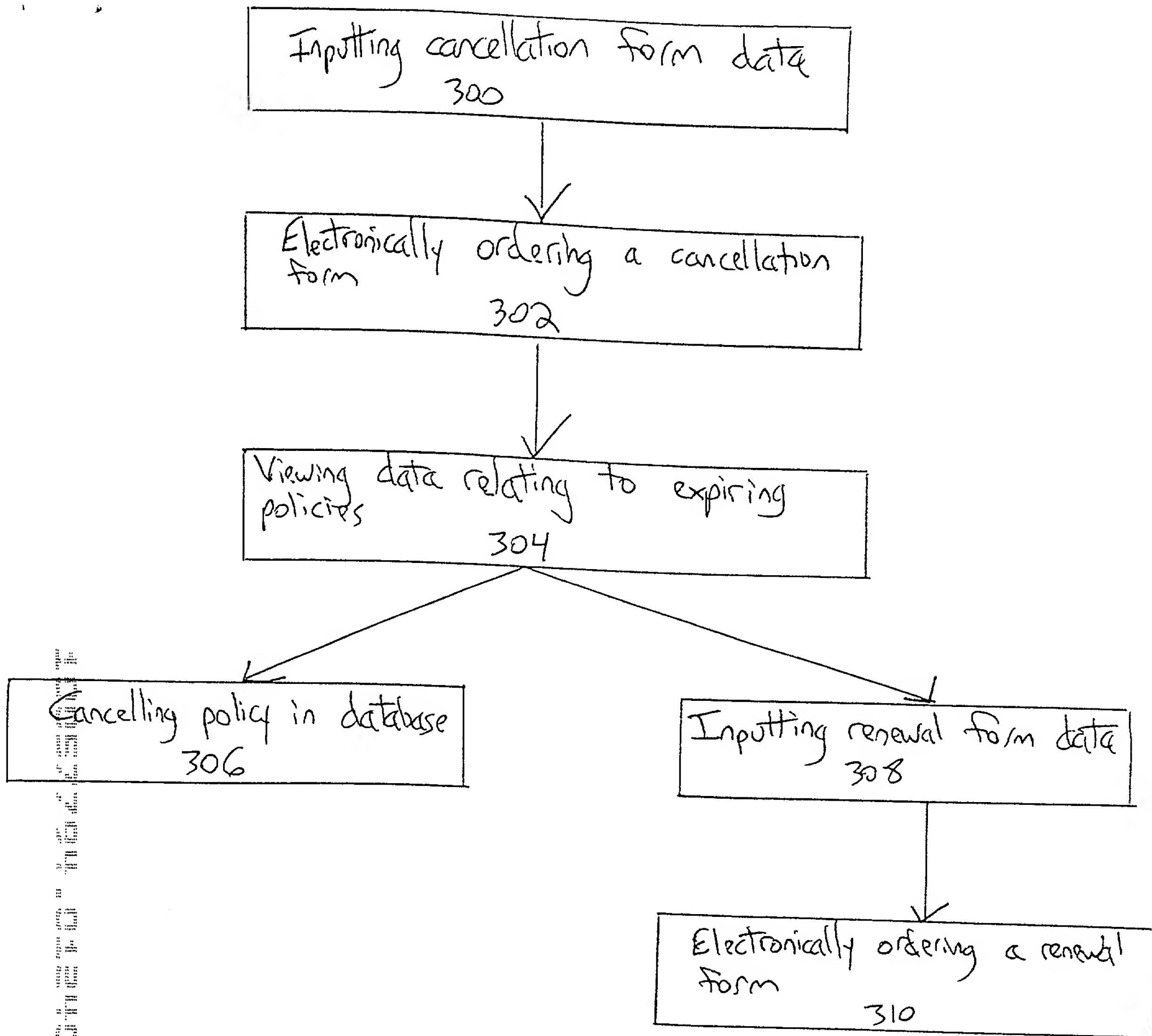


Figure 3



400

**Black Car Diary**

You have 1 policies which require Action today  
and 2 policies which are past their cancellation date.

402

Fig. 4



500

## Select a Policy

Your search returned 768 policies

Policy Number	Insured Name	Effective Date	Expiration Date	Carrier Status	FH Status
CAL388837	John Insured	01/01/1998	02/28/1998	EX	
CAL452228	Jane Insured	11/01/1997	02/28/1998	EX	
CAL452228	Jane Insured	02/28/1998	02/28/1999	AC	FH4
CAL452229	George Covered	11/01/1997	02/28/1998	EX	
CAL452230	Tony Driver	02/28/1998	02/28/1999	AC	
CAL452230	Tma Driver	11/01/1997	02/28/1998	EX	
		02/28/1998	02/28/1999	AC	

Click any column on the policy you wish to work on

Cancel

Fig. 5

Fig 6

File Options Help

Black Car

600

Policy H91111111 effective 2/28/2001

Policy Information

Policy Number: H91111111 Effective Date: 02/28/2001 Expiration Date: 02/28/2002

Producer Code: N80507 Company Name: Capital Insurance Company

Policy Source: Office Entry Car: 1 Status: Uninsured FH Status: FH

Insured Name and Address

Name: John Insured

Address 1: 100 Liberty St

Address 2:

City: PHILADELPHIA State: PA Zip: 19103

Employment Information (Optional)

Soc. Sec. No.:

Fed. Emp. No.:

U.S.A. Social Security No.:

Federal Employees Number:

Canadian Social Security No.:

Vehicle Information

Year: 1994 Make: LINCOLN Model: TOWNCAR

VIN/Serial No.: 12345 Seating Capacity: 5

Transaction Information

Type: ☒ PH ☐ FH ☐ FH-1 Reason: TO RENEW

Effective Date: 04/01/2001

610 612

Print Cancel

606

614

Microsoft Access

File Edit View Insert Format Tools Database Window Help

Policy: Table

Field Name	Data Type	Description
Policy Number	Text	
Effective Date	Date/Time	
Expiration Date	Date/Time	
Policy Status	Text	
Company Code	Text	
Premium	Number	
Insured Name	Text	
Insured Address 1	Text	
Insured Address 2	Text	
Insured City	Text	
Insured State	Text	
Insured Zip	Text	
Make	Text	
Model	Text	
Vin	Text	
Year	Text	
Policy Source	Text	Where the policy information was entered
Policy Update Date	Date/Time	Date the policy record was updated
FH Status	Text	FH1 or FH4 - blanks allowed
Producer Code	Text	Producer code determines whether or not a policy is Black Car or Grey Car

Field Properties

General

Field Size: 9

Format:

Input Mask:

Caption:

Default Value:

Validation Rule:

Validation Text:

Required: Yes

Allow Zero Length: No

Indexed: No

A field name can be up to 64 characters long, including spaces. From F1 for help on field names.

Design View PE Switch panels FI Help

700

Fig. 7



Microsoft Access

802

TransHist: Table

Field Name	Data Type	Description
Trans Number	Text	
Effective Date	Date/Time	
Transaction Date	Date/Time	
Trans Type	Text	
FH1 Control No	Number	0 = Entry only, 1 = FH1, 4 = FH4
FH1 Cancel Eff Dt	Date/Time	Required if FH1 transaction
Cancel Status	Text	Required if FH4 transaction
Logon Id	Text	Required if FH4 transaction
FH1 Reason	Text	

Field Properties

General Lockup

Field Size: 9

Format:

Input Mask:

Caption:

Default Value:

Validation Rule:

Validation Text:

Required: Yes

Allow Zero Length: No

Indexed: No

A field name can be up to 64 characters and including spaces. Press F1 for help on field names.

Design view FE=Switch names FI=Help

800

Fig. 8.



FH-4 (9/86)

- ☒ 400 Carrier Fire Underwriters Insurance Company  
☐ 487 Carrier Insurance Company  
☐ 004 Carrier Property and Casualty Insurance Company

☒ hereby gives notice that the insurance certified by the company in its FOR HIRE PASSENGER VEHICLE INSURANCE CERTIFICATE heretofore issued to:  
☐ hereby gives notice that the bond certified by the company in its FOR HIRE PASSENGER VEHICLE CORPORATE SURETY BOND CERTIFICATE heretofore issued to:

John Insured  
 One Liberty Place  
 Philadelphia, PA 19103

applicable with respect to the following Motor Vehicle:

Year	Make of Vehicle	Identification or Serial No.	Seating Capacity
2000	FORD	927H657H8989H7	5

State of New York - Department of Motor Vehicles  
 TERMINATION NOTICE - FOR HIRE PASSENGER VEHICLE

SOCIAL SECURITY OR FEDERAL EMPLOYER'S NO.		1	1	1	-	1	1	-	1	1
Individual	Federal	Canadian								
<input checked="" type="checkbox"/> U.S.A. Soc. Sec. No.	<input type="checkbox"/> Employer's Number	<input type="checkbox"/> Soc. Sec. Number								

is TERMINATED

effective 02/20/2001

at midnight

(Cannot be less than 45 days after receipt in Department)

Name and Address of Agency or Office Issuing FH-4

Insurance Agency  
 1735 Market St.  
 Philadelphia, PA 19103

Agent

By Signature of Authorized Representative

FH-4 (9/86)

- ☒ 400 Carrier Fire Underwriters Insurance Company  
☐ 487 Carrier Insurance Company  
☐ 004 Carrier Property and Casualty Insurance Company

☒ hereby gives notice that the insurance certified by the company in its FOR HIRE PASSENGER VEHICLE INSURANCE CERTIFICATE heretofore issued to:  
☐ hereby gives notice that the bond certified by the company in its FOR HIRE PASSENGER VEHICLE CORPORATE SURETY BOND CERTIFICATE heretofore issued to:

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 One Liberty Place  
 Philadelphia, PA 19103

applicable with respect to the following Motor Vehicle:

Year	Make of Vehicle	Identification or Serial No.	Seating Capacity
2000	FORD	927H657H8989H7	5

State of New York - Department of Motor Vehicles  
 TERMINATION NOTICE - FOR HIRE PASSENGER VEHICLE

SOCIAL SECURITY OR FEDERAL EMPLOYER'S NO.		1	1	1	-	1	1	-	1	1
Individual	Federal	Canadian								
<input checked="" type="checkbox"/> U.S.A. Soc. Sec. No.	<input type="checkbox"/> Employer's Number	<input type="checkbox"/> Soc. Sec. Number								

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Agent

By Signature of Authorized Representative

FH-4 (9/86)

- ☒ 400 Carrier Fire Underwriters Insurance Company  
☐ 487 Carrier Insurance Company  
☐ 004 Carrier Property and Casualty

State of New York - Department of Motor Vehicles  
 TERMINATION NOTICE - FOR HIRE PASSENGER VEHICLE

FD-1 (8/67) State of New York - Department of Motor Vehicles  
INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE  
☐ 400 Carrier Fire Underwriters Insurance Company  
☐ 004 Carrier Property and Casualty Insurance Company  
☒ 487 Carrier Insurance Company  
an authorized New York Insurer, certifies that it has issued a policy complying  
with Section 370 of the Vehicle and Traffic Law to:

John Insured  
One Liberty Place  
Philadelphia, PA 19103

applicable with respect to the following Motor Vehicle:

Year	Make of Vehicle	Identification or Serial No.	Seating Capacity
2001	PONTIAC	9376H784393F77J	5

not applicable on and after date of this certificate to the following replaced vehicle:

Year	Make of Vehicle	Identification or Serial No.	Seating Capacity

FH-1 (8/67) State of New York - Department of Motor Vehicles  
INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE  
☐ 400 Carrier Fire Underwriters Insurance Company  
☐ 004 Carrier Property and Casualty Insurance Company  
☒ 487 Carrier Insurance Company  
an authorized New York Insurer, certifies that it has issued a policy complying  
with Section 370 of the Vehicle and Traffic Law to:

John Insured  
One Liberty Place  
Philadelphia, PA 19103

applicable with respect to the following Motor Vehicle:

Year	Make of Vehicle	Identification or Serial No.	Seating Capacity
2001	PONTIAC	9376H784393F77J	5

not applicable on and after date of this certificate to the following replaced vehicle:

Year	Make of Vehicle	Identification or Serial No.	Seating Capacity

FH-1 (8/67) State of New York - Department of Motor Vehicles  
INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE  
☐ 400 Carrier Fire Underwriters Insurance Company  
☐ 004 Carrier Property and Casualty Insurance Company  
☒ 487 Carrier Insurance Company  
an authorized New York Insurer, certifies that it has issued a policy complying  
with Section 370 of the Vehicle and Traffic Law to:

John Insured  
One Liberty Place  
Philadelphia, PA 19103

applicable with respect to the following Motor Vehicle:

Year	Make of Vehicle	Identification or Serial No.	Seating Capacity
2001	PONTIAC	9376H784393F77J	5

not applicable on and after date of this certificate to the following replaced vehicle:

Year	Make of Vehicle	Identification or Serial No.	Seating Capacity

(See Instructions on Reverse Side)

SOCIAL SECURITY OR FEDERAL EMPLOYER'S NO.									
Individual	Federal	Canadian							
<input type="checkbox"/> U.S.A.	<input type="checkbox"/> Employer's	<input type="checkbox"/> Soc. Sec.							
Soc. Sec. No.	Number	Number							

Explanation: To Register

POLICY  
NUMBER H9 00 32 71 2

EFFECTIVE  
From Midnight 2/28/2001 To Midnight Feb. 28, 2002

(Not acceptable to obtain registration plates after 60 days from effective date)

Name and Address of Agency or Office Issuing FH-1  
Insurance Agency  
1735 Market St.  
Philadelphia, PA 19103 Agent  
Signature of Authorized Representative

(See Instructions on Reverse Side)

SOCIAL SECURITY OR FEDERAL EMPLOYER'S NO.									
Individual	Federal	Canadian							
<input type="checkbox"/> U.S.A.	<input type="checkbox"/> Employer's	<input type="checkbox"/> Soc. Sec.							
Soc. Sec. No.	Number	Number							

Explanation: To Register

POLICY  
NUMBER H9 00 32 71 2

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Philadelphia, PA 19103 Agent  
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Individual	Federal	Canadian							
<input type="checkbox"/> U.S.A.	<input type="checkbox"/> Employer's	<input type="checkbox"/> Soc. Sec.							
Soc. Sec. No.	Number	Number							